



Schools Self Insurance of Contra Costa County - Moraga School District
Dental Plan Comparison
Effective January 1, 2024

	High Plan #0028	Low Plan #0128
	In-Network/Out of Network	In-Network/Out of Network
General Plan Information		
Annual Plan Maximum	\$1,700/\$1,500	\$1,000
Annual Deductible- Individual/Family	None	\$25 per person/\$75 per family
Covered Services		
Diagnostic and Preventive Services	70-100%	70-100%
# of Cleanings	2	2
Endodontic Treatment (root canals)	70-100%	80%
Periodontic Treatment (gum treatment)	70-100%	80%
Major (crowns, restorations)	70-100%	50%
Prosthodontics (bridges, dentures)	70-100%	50%
Implants	50% once every five (5) years	Not Covered
Dental Accident Benefits	100% (separate \$1,000 maximum per person each calendar year)	100% (separate \$1,000 maximum per person each calendar year)
Orthodontia Services		
Dependent Children	Not Covered	Not Covered
Adults	Not Covered	Not Covered
Lifetime Maximum	Not Covered	Not Covered
Monthly Premium		
	Existing Plan Rates	Low Plan Rates
Composite Rate	\$91.72	N/A
Single	N/A	\$42.70
Two-Party	N/A	\$86.53
Family	N/A	\$122.11

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